



# **Waiver of Subdivision Regulations Application** **Campbell County and Municipal Planning & Zoning Commission**

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**THIS APPLICATION IS FOR A WAIVER OF ANY SUBDIVISION REGULATION NOT PREVIOUSLY REQUESTED WITH SUBMISSION OF A PRELIMINARY PLAT**

## **PART I (to be completed by applicant) Please type or print.**

- NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

PROPERTY OWNER, ONLY IF DIFFERENT THAN APPLICANT

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

- IDENTIFY APPLICABLE CHAPTER, SECTION, PAGE NO., ETC. REQUESTED TO BE WAIVED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- REASON(S) FOR WAIVER (☐ Please attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- INFORMATION SUBMITTED (☐ Please attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_

5. THE FOREGOING INFORMATION AND ATTACHMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**PART II (to be completed by staff or CC&MP&ZC's duly authorized representative)**

SUBDIVISION NAME: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

APPLICATION NO.: \_\_\_\_\_

DATE OF MEETING: \_\_\_\_\_

APPLICATION FEE: \_\_\_\_\_ DATE PAID: \_\_\_\_\_

CC&MP&ZC ACTION TAKEN AND DATE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_